CHRONIC WOUND BIOFILM IS A COMMON PROBLEM REQUIRING AN EFFECTIVE SOLUTION

Classic definitions describe biofilm as bacteria attached to a wound surface, encapsulated in a self-produced extracellular matrix. Bacteria in biofilm are often metabolically dormant, which can lead to tolerance to antimicrobials and antibiotics, since these only work with metabolically active bacteria. Disruption of the biofilm is important to increase the bacteria’s metabolic rate.

Therefore, it is important to implement an effective biofilm-based management program:

1. Disrupt the biofilm: Debrisoft®
2. Suppress microbial growth using an antimicrobial: Suprasorb+PHMB®
3. Prevent reformation: repeat for up to 14 days, then re-evaluate

For more information, visit the Activa Healthcare e-learning zone: http://www.activahealthcare.co.uk/e-learning-zone/
Debrisoft®

Biofilm-based wound management pathway

Reduce the biofilm burden + Prevent reconstitution of the biofilm = Biofilm-based woundcare

BOX 1*: SUSPECTED BIOFILM IN A CHRONIC WOUND – ARE ANY OF THE FOLLOWING PRESENT?

■ Absence of healing progression, even though all obvious comorbidities and wound management issues have been addressed

■ Persistent or recurring infection

■ Reforming of slough quickly, despite debridement

■ An increase in the production of exudate

■ Improved quality of granulation tissue

■ Signs of local infection (as biofilm is a precursor to infection), e.g. heat, redness, swelling, pain, odour

■ Healing progression

■ Poor quality granulation tissue — possibly fragile and/or hypergranulation

■ Reduction in the production of exudate and slough

■ Visible slimy, gel-like and shiny material on the surface of the wound bed, which detaches easily and atraumatically from the wound bed

■ Slow, or no, response to antiseptic dressings such as silver, iodine or PHMB

Please repeat if more dressing changes are required

BOX 2*: FOLLOWING THE 2-WEEK PATHWAY, REASSESS THE BIOFILM STATUS IN THE CHRONIC WOUND – ARE ANY OF THE FOLLOWING PRESENT?

■ Healing progression

■ Reduction in the production of exudate and slough

■ Improved quality of granulation tissue

■ Signs of local infection (heat, redness, swelling, pain, odour)

References:


